


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90075 002 ***150.00

DOCUMENT # V67613			
1. Entity Name MAX DEVELOPERS, INC.			
Principal Place of Business 315 SOUTH DIXIE HWY 101 WEST PALM BEACH, FL 33401 US		Mailing Address 3636 FIFTH AVE STE 300 SAN DIEGO, CA 92103 US	
2. Principal Place of Business		3. Mailing Address 2250 FOURTH AVE SUITE 300	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SAN DIEGO CA	
Zip	Country	Zip	Country
		92101	US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOECKER, JOHN JOSEPH 315 SOUTH DIXIE HIGHWAY 101 WEST PALM BEACH, FL 33401		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRETT, REESE ANTHONY	NAME	
STREET ADDRESS	2210 SIXTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO, CA 92101	CITY-ST-ZIP	
TITLE	C	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOECKER, JOHN JOSEPH	NAME	
STREET ADDRESS	315 S DIXIE HIGHWAY SUITE 101	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: REESE A. JARRETT		Date: 619-686-5959	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	